



**ELIGIBILITY FOR CERTIFICATION TESTING
SELF ASSESSMENT PACKET**
(NFPA Standard 1000, 2011 Edition)

**Department of Public Safety
Alaska Fire Standards Council
5700 E. Tudor Road
Anchorage, Alaska 99507
(907)269-5052**

www.firestandards.alaska.gov

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V11-0

AFSC ELIGIBILITY FOR CERTIFICATION TESTING SELF ASSESSMENT PACKET

Department/Agency:		
Business Address:	Business Contact Information: Phone: Fax:	
Fire Chief/Director Name:	Email:	
Training Program Manager/Training Officer Name:	Work Phone: Cell Phone:	Email:

*Our organization is seeking approval to request fire service certification testing for the following level(s):

<input type="checkbox"/> Firefighter - <i>Select level</i>	<input type="checkbox"/> Hazardous Materials- <i>Select level</i>	<input type="checkbox"/> Fire Officer- <i>Select level</i>
<input type="checkbox"/> Fire Instructor- <i>Select level</i>	<input type="checkbox"/> Driver Apparatus - <i>Select level</i>	<input type="checkbox"/> Land-Based Marine FF
<input type="checkbox"/> Certified Fire Investigator	<input type="checkbox"/> AK Fire Investigator Tech (AKFIT)	<input type="checkbox"/> Airport Firefighter
<input type="checkbox"/> Rapid Intervention Tech	<input type="checkbox"/> Fire Life Safety Educator- <i>Select level</i>	<input type="checkbox"/> Other: _____

*Include the completed AFSC equipment and facility checklists for each level selected (see item 5 below).

Please complete the following checklist. “No” responses must include an explanation in the comment box below the question.

1.	We have read and understand information contained within the Training and Education Bureau Fire Training Program Accreditation Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:			

2.	My organization is already accredited to conduct previously approved courses (list in comments below). “Yes” responses skip to question 4. “No” responses must include an Application for Accreditation & Fire Training Course Approval submittal to the Training and Education Bureau before the AFSC will accept this self-assessment packet (see # 3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:			

3.	We have completed an Application for Accreditation & Fire Training Course Approval and submitted it to the Training and Education Bureau If “No” for question 2 and 3 the AFSC WILL NOT accept this packet.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:			

4.	We have read and understand the AFSC Certification Policy Manual .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:			

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5.	We have completed and attached the equipment and facility checklist for the level(s) we are seeking approval for and verify that my organization can provide adequate space for written and manipulative skills certification testing. Furthermore, I understand that a local in-state accreditation audit may include equipment and facility check by AFSC or TEB personnel.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:			

6.	Our facility, personnel protective equipment, apparatus, and equipment meet or exceed applicable NFPA standards or their equivalent.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:			

7.	We have reviewed the AFSC certification directive for the level(s) listed that are posted to the AFSC Certifications webpage on the date of this request and affirm that personnel will be trained using the *text listed below. <i>*Each AFSC directive includes a list of AFSC approved text.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List Text Publisher/Title/Edition:			
Comment:			

8.	As it relates my approved training courses we understand that the completion of an AFSC training record document(s) is required before each individual is permitted to begin a certification exam. The AFSC Training Record, or equivalent local training records, shall be kept in our organizations record/database and made available upon the request of the AFSC or TEB offices.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:			

9.	We have reviewed the AFSC Certification Policy Manual and acknowledge that our organization is responsible for ensuring that local personnel will be available to serve as Evaluators/Assistants to support the AFSC Certifying Officer during all practical testing dates we request.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:			

10.	We have reviewed the AFSC test policy related to the Americans with Disabilities Act (ADA). We agree to provide notification of a request for individual accommodation to the AFSC each time a Test Notification Form is submitted for certification testing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:			

11.	We understand that the AFSC is ultimately responsible for determining an individual's eligibility for certification and that test fees apply to every individual who initiates a certification exam, regardless of his or her final eligibility for certification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:			

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Application is hereby made to gain approval to submit a [Test Notification Form](#) through the Alaska Fire Standards Council in order to perform fire service training for eligibility to complete certification examinations of fire service personnel.

It is understood that such approval entails the adherence to the criteria as established by the Alaska Fire Standards Council and this self-assessment document is submitted to verify the training, equipment, facilities, and staff resources required for certification testing of said entity is in accordance with the aforementioned criteria.

It is further certified that the statements and information contained in this form are, to the best of our knowledge, truthful and accurate and that where statements of intent are given, we undertake to fulfill this intent.

We further certify that the certification examination policies and procedures were made available by the Alaska Fire Standards Council have been received and studied. The conditions contained therein are acceptable and do not present any conflict with applicable statute or law.

Fire Chief/Director Signature *Date:* _____

: _____
Training Program Manager/Training Officer Signature *Date:* _____